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Sect 01
#14

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/751,834	12/29/2000	Pamela Anne Binns	H16-25537 (256.048US1)

CONFIRMATION NO. 9272

000128
HONEYWELL INTERNATIONAL INC.
101 COLUMBIA ROAD
P O BOX 2245
MORRISTOWN, NJ 07962-2245

FORMALITIES LETTER



OC000000005784678

Date Mailed: 02/26/2001

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given TWO MONTHS from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.
Applicant must submit \$ 710 to complete the basic filing fee and/or file a small entity statement claiming such status (37 CFR 1.27).
- Total additional claim fee(s) for this application is \$660.
 - \$180 for 10 total claims over 20.
 - \$480 for 6 independent claims over 3 .
- The oath or declaration is unsigned.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- **The balance due by applicant is \$ 1500.**

*A copy of this notice **MUST** be returned with the reply.*


Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

09751834
03/26/2001 8488767 00000029 011125
710.00 CH
180.00 CH
480.00 CH
130.00 CH
01 FT:103
02 FC:102
03 FC:106

Please type a plus sign (+) inside this box

PTO/SB/21 (10-96)

Approved for use through 10/31/99. OMB 0651-0031

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

9

Application Number	09/751,834
Filing Date	12/29/00
First Named Inventor	PAMELA A. BINNS, ET AL
Group Art Unit	2151
Examiner Name	UNKNOWN
Attorney Docket Number	H16-25537 US

ENCLOSURES (check all that apply)

Fee Transmittal Form
 Fee Attached
 Amendment / Response
 After Final
 Extension of Time Request
 Express Abandonment Request
 Information Disclosure Statement
 Certified Copy of Priority Document(s)
 Response to Missing Parts/
Incomplete Application
 Response to Missing Parts under 37 CFR 1.52 or 1.53

Assignment Papers
(for an Application)
 Drawing(s)
 Licensing-related Papers
 Petition Checklist and
Accompanying Petition
 To Convert a
Provisional Application
 Power of Attorney, Revocation
Change of Correspondence Address
 Terminal Disclaimer

After Allowance Communication
to group
 Appeal Communication to Board
of Appeals and Interferences
 Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief)
 Proprietary Information
 Status Letter
 Additional Enclosure(s)
(please identify below):

Executed Declaration and Power of
Attorney

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm
or
Individual name

JOHN G. SHUDY, JR.
REG. NO. 31,214

Signature

John G. Shudy Jr.

Date

03/16/01

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope
address to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

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SANDY TRUEHART

Signature

Sandy Truehart

Date

3-20-01

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FEE TRANSMITTAL
For FY 2000

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement.
Otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT \$ 1540.00

COMPLETE IF KNOWN

Application No.	09/751,834
Filing Date	12/29/00
First Named Inventor	PAMELA A. BINNS, ET AL
Group Art Unit	2151
Examiner Name	UNKNOWN
Attorney Docket No.	H16-25537 US

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:Deposit Account Number **01-1125**Deposit Account Name Charge any Additional Fee Required
 Under 37 CFR §§1.16 & 1.172. Payment Enclosed:
 Check Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee \$	Fee Code	Fee \$
101	710	201	355
106	320	206	160
107	490	207	245
108	710	208	355
114	150	214	75
SUBTOTAL (1)			\$ 710.00

2. EXTRA CLAIM FEES

Total Claims	-20 =	Extra Claims	Fee from below	= Fee Paid
30	-20 =	10	x 18.	= 180.
9	- 3 =	6	x 80.	= 480.

Large Entity		Small Entity	
Fee Code	Fee \$	Fee Code	Fee \$
103	18	203	9
102	80	202	40
104	270	204	135
109	80	209	40
110	18	210	9
SUBTOTAL (2)			\$ 660.00

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee \$	Fee Code	Fee \$
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	390	216	195
117	890	217	445
118	1390	218	695
128	1890	228	945
119	310	219	155
120	310	220	155
121	270	221	135
138	1,510	138	1,510
140	110	240	55
141	1240	241	620
142	1240	242	620
143	440	243	220
144	600	244	300
122	130	122	130
123	50	123	50
126	240	126	240
581	40	581	40
146	710	246	355
149	710	249	355
Other fee (specify)		Missing Parts	130.00
Other fee (specify)			
* Reduced by Basic Filing Fee Paid		SUBTOTAL (3)	\$ 170.00

SUBMITTED BY

JOHN G. SHUDY, JR.

COMPLETE IF APPLICABLE

Registration Number **31,214**

Deposit Account User ID

Signature Date **03/16/01**

WARNING:

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